		Case No:	58453US002
DECLARATION AND POWER OF ATTORNEY, FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR § 1.63)		First Named Inventor:	Jayshree Seth
		COMPLETE IF KNOWN	
TAILER AT LIGHTON (OF OTRICE)	Application No.:		
☑ Declaration Submitted with Initial Filing	Declaration Submitted after Initial Filing (surcharge 37 CFR § 1.16(e) required)	Filing Date:	
		Art Unit:	
		Examiner Name:	

BREATHABLE FAS	TENERS
The specification of which	
is attached hereto;	
was filed on As United States Application No.	
is identified as PCT International Application No.	
and was amended on	(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC §§ 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign		Foreign Filing Date	Priority NOT	Certified Copy	Attached
Application No.	Country	(MM/DD/YYYY)	Claimed	YES	NO

I hereby appoint Practitioners at Customer Number 36001 as my attorneys and/or agents with full powers (including the powers of appointment, substitution, and revocation) to prosecute this application and any division, continuation, continuation-in-part, reexamination, or reissue thereof, and to transact all business in the U.S. Patent and Trademark Office connected therewith.

Customer Number for Practitioner of Record:



PATENT TRADEMARK OFFICE

I also appoint the following Practitioners as my attorneys and/or agents with full powers (including the powers of appointment, substitution, and revocation) to prosecute this application and any division, continuation, continuation-in-part, reexamination, or reissue thereof, and to transact all business in the U.S. Patent and Trademark Office connected therewith: None

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The mailing address and the telephone number of the above-identified attorneys and/or agents are that of Customer No. 32692.

Inquiries regarding this application can be made to:

ملفت

Attention: William J. Bond

Office of Intellectual Property Counsel 3M Innovative Properties Company Telephone No.: (651) 736-4790

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	☐ A petition has been filed for	tition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]): Jayshree	Family Name or Surname: Seth		
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Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA	\	WAR AND THE STREET OF THE STRE	
NAME OF JOINT INVENTOR, IF ANY:	☐ A petition has been filed for	this unsigned inventor.	
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NAME OF JOINT INVENTOR, IF ANY	☐ A petition has been filed for	this unsigned inventor.	
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Given Name (first and middle [if any]): Janet A.	Family Name or Surnan Venne	Family Name or Surname: Venne	
Inventor's Signature:		Date: (c) 23 0 3	
Résidence:	Country:	Citizenship:	
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